

Conference Registration

Register on-line at www.health.utah.gov/worksitewellness/. Click on "Worksite Conference." When your registration has been accepted by the system, you will see a special acknowledgement page which is an invoice for payment of conference fees. Print this page and attach to your payment.

Each person registering is to complete all sections of the online or printed registration form. Day of conference registrations will include a \$25 late charge. **Substitution** for a confirmed registrant is allowed at anytime. The **LAST DAY TO PRE-REGISTER** is September 26th. Registrations after this date will pay the "Day of Conference" fee. **Cancellations** postmarked by September 16th will receive a full refund; those received after this date will be subject to a \$25 processing fee. Cancellations must be submitted via email to lpnilson@utah.gov or in writing to the address listed below. For more information contact Lynne Nilson at (801) 538-6256 or lpnilson@utah.gov

Printed Form Registration - Please fill in all three sections and send or fax as indicated below.

1. PARTICIPANT INFORMATION

First Name _____ (as it will appear on your name badge)
Company or Organization _____
Mailing Address _____
City/State/Zip _____
Work Phone (____) _____ Email Address _____

2. METHOD of PAYMENT

Please indicate how your registration fee will be paid:

- ____ Check or Money Order Enclosed
(payable to the UCWHP)
- ____ Company/Organization will pay (payment is being mailed)
- ____ Credit Card: # _____
Exp. Date _____ Type of Card _____
- ____ Name on Card _____
Billing Address for the Credit Card _____
City/State/Zip _____
Phone number in case we need to reach you _____
- ____ Please pre-register me. I will pay at the door.

Day of Conference REGISTRATION FEE is as follows (no discounts will apply):



Professional \$100
Full Time Student \$ 60



UTAH COUNCIL
for Worksite
Health
Promotion

Mailing Address:
UCWHP
PO Box 142107
Salt Lake City Utah 84114-2107
or fax (801) 538-6629

3. CONFERENCE FEES

Registration	Fee	Total Due
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(must be postmarked by Sept. 26th)

Preconference - October 2nd
(Space is limited to 40 participants!
and lunch is not included)

Professional	\$35	\$ _____
Full-Time Student	\$35	\$ _____

Conference - October 3rd

Professional	\$75	\$ _____
Full-Time Student	\$35	\$ _____
Add Meals for Students	\$15	\$ _____

Parking (see reverse side for details)

	\$ 4	\$ _____
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Discounts

Attend the Pre-Conference and Conference and take \$10 off	-\$10	\$ _____
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3+ Participants from Same Company-\$10		\$ _____
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Subtract \$10 off the conference registration fee only.

Please list the names of those attending from your company.
For conference only.

Sub-Total

Take an additional 10% off the subtotal if your company received a UCWHP Worksite Award for 2001.	-10%	\$ _____
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Total Registration Fee Due

	\$ _____
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If you have questions or need additional information, please contact
Lynne Nilson at lpnilson@utah.gov or (801) 538-6256.